
**APPLICATION FOR EXEMPTION FROM
THE STUDENT UNIFORM REQUIREMENT**

Name of person submitting this application: _____

Name of Student: _____

Address: _____ Telephone: _____

School: _____ Grade: _____ School Year: _____

I certify that I am the parent or legal guardian of the student named above. I choose not to have my child named above comply with the student uniform policy adopted at my child's school during the current school year. I hereby request an exemption from the student uniform requirement on behalf of the above-named student for the current school year at the above-referenced school, pursuant to Article VI, paragraph G, of the Guidelines and Regulations for Implementing the Required Uniform Policy in Grades Kindergarten Through Five ("Guidelines"). I understand that this exemption is for the current school year only.

The reason for my application for this exemption is as follows: _____

I understand that the exemption will be effective after I have met with the designated school site administrator and a designated District administrator, as set forth in Article VI, paragraph G, of the Guidelines.

Signature of Parent/Legal Guardian

Date of Request

Signature of School Administrator

Date of Conference

Signature of District Administrator

Date of Approval

ISSUED: April 30, 2003

DOUGHERTY COUNTY BOARD OF EDUCATION